

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5818AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/26/2013
NAME OF PROVIDER OR SUPPLIER AMEERY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 333 PRINCE GEORGE RD LAS VEGAS, NV 89183		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility from 3/22/13 to 3/26/13. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for ten Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was ten. Ten resident files were reviewed and four employee files were reviewed.</p> <p>The facility received a grade of A.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 105 SS=E	<p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift.</p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by:</p>	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Y 105	Continued From page 1 Based on record review on 3/22/13, the facility failed to ensure 2 of 4 employees met background check requirements of NRS 449. (Employee #2 and #3 - obtained a background check from a facility under a separate account number). Severity: 2 Scope: 2	Y 105		
Y 936 SS=D	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 3/22/13, the facility failed to ensure 1 of 10 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #9 - annual TB test was not read). Severity: 2 Scope: 1	Y 936		

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Y9999	Continued From page 2	Y9999		
Y9999	<p>Final Observations</p> <p>The facility is licensed to care for 10 residents with dementia. The facility is required to have one caregiver on duty per six residents during the resident awake hours and at least one awake caregiver on duty during all other time including throughout the night. Based on review of the facility's staffing schedule on 3/22/13, the facility had three caregivers on the schedule rotating 12-hour shifts Sunday through Saturday. Two caregivers were on the schedule for a 12-hour day shift from 7:00 AM to 7:00 PM and one caregiver on the schedule for a 12-hour night shift from 7:00 PM to 7:00 AM work shift.</p> <p>It was noted each of the caregivers were being scheduled to work at least two back-to-back 12-hour shifts during the week, a 7:00 PM to 7:00 AM shift and then the 7:00 AM to 7:00 PM the next day. Based on the work schedule, a caregiver was scheduled to work and be awake a total of 24-hours. In addition, the three staff members were scheduled to work a 12-hour shift on the days listed as their day off.</p> <p>A referral has been made to the Office of the Labor Commissioner.</p>	Y9999		

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